

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 88

Registered No.

1. PLACE OF BIRTH

County **Cila** State **Arizona**
Township **On reservation without radical career Village** San Carlos
City **No hospital** Street **St. Charles** Ward **88**
Block **1** Block number **1** House number **1**

2. Full name of child

Arabelle Case

If birth occurred in a hospital or institution, give the NAME of street and number

If child is not yet named, make supplemental report, as directed

3. Sex Female	4. Nature of birth Live birth, single, or other	5. Premature Full term	6. Legal Yes	7. Date of birth June 12, 1953	(Month, day, year)
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8. Full name of father
FATHER
Eugene Case

14. Full name of mother
MOTHER
Grace Tahsill

10. Residence (usual place of abode)
(If transient, give place and State) **San Carlos, Arizona**

19. Residence (usual place of abode)
(If transient, give place and State) **San Carlos, Arizona**

4/4 Apache **53** (2) (Years)

4/4 Apache **31** (2) (Years)

11. Color or race **White** (2) (Years)

21. Age at last birthday **31** (Years)

13. Birthplace (city or place)
(State or country) **San Carlos, Arizona**

22. Birthplace (city or place)
(State or country) **San Carlos, Arizona**

14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.
Day laborer.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
None

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
None

16. Date (month and year) last engaged in this work
19

25. Date (month and year) last engaged in this work
19

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living **5** (b) Born alive but now dead **0** (c) Stillborn **0**

28. Month, period of gestation **months** (for weeks) 29. Cause of birth
Normal **During labor**

REPORT CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 p.m. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) **J. C. Hancock, M.D.**

Given name added from **Arabelle Case** or **Arabelle Case** Midwife

Supplemental report **135-612-743** (Date of Report) **File No. 135-612-743** Address **San Carlos, Arizona** Filed **June 20, 1953** by **J. C. Hancock** Register